

# **EXHIBIT E**



**NFL PLAYER DISABILITY &  
NEUROCOGNITIVE BENEFIT PLAN**

**BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN**

**PSYCHIATRY  
NEUTRAL PHYSICIAN PANEL**

**ORIENTATION MANUAL**

**August 2019**

**CS-00251**

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## **PREFACE**

Welcome to the neutral psychiatrist panel of the NFL Player Disability & Neurocognitive Benefit Plan and Bert Bell/Pete Rozelle NFL Player Retirement Plan (“NFL Player Plans”). There are a number of other panel members situated in various geographic locations across the United States. Your fellow panel members are experienced clinicians who, like you, have been selected to perform neutral examinations of former NFL players who are applying for benefits.

This manual is designed to provide a general orientation on topics that will assist you in understanding the current benefit programs, performing assessments, and completing the appropriate reports needed for the Plans to make decisions regarding a Player’s benefits application. The NFL Player Plans have specific assessment and reporting requirements, which you will find straight forward. If you have any questions, you may contact any of the following for guidance:

- Silvana Riggio, consulting psychiatrist, at [silvana.riggio@mountsinai.org](mailto:silvana.riggio@mountsinai.org)
- Steve Epstein, consulting psychiatrist, at [epsteins@gunet.georgetown.edu](mailto:epsteins@gunet.georgetown.edu)
- Sam Vincent, NFL Player Benefits Office, at [svincent@nflpb.org](mailto:svincent@nflpb.org)
- Lashay Rose, NFL Player Benefits Office, at [lrose@nflpb.org](mailto:lrose@nflpb.org)



## NEUTRALITY

The NFL Player Plans strive to ensure that every Player who is referred for evaluation is fully and fairly evaluated by one or more neutral physicians. To that end, the NFL Player Plans expect that each panel member will:

- personally evaluate Players and conduct appropriate testing following the standards described in this manual.
- personally review and evaluate all records provided.
- personally complete necessary report forms and comprehensive narrative reports for each Player evaluated in a timely manner, and no later than 10 days after the examination.
- conduct each test and examination and prepare the written report to the highest professional standards without any bias or favoritism for or against any Player.
- apply the standard applicable to the specific benefit for which the player has applied, even where that standard is different from other standards you may use in other areas of your practice.
- verify, prior to submitting reports, that test results and other data are reported thoroughly and accurately.
- refrain from participating in any other NFL or NFLPA program, such as the NFL concussion litigation.
- refrain from publicly discussing the Plans and the evaluation programs.
- have no conflict of interest that would impact their evaluations.
- be judicious in public and professional forums with regard to comments, interviews, and talks that could create the appearance of bias about psychiatric conditions, concussions, neurocognitive impairment, athletes, etc. This is in no way intended to inhibit involvement in scientific, academic, and training activities, but to prevent unwarranted suggestions of bias.

You should not examine a Player on behalf of the NFL Player Plans if you are his current treating physician, or if you have evaluated or treated him in the past. The evaluations are “independent medical examinations,” or IMEs. There is no doctor/patient relationship. You should not provide treatment, or recommend treatment, medication, or advice about vocational matters or rehabilitation. You should, however, comply with your legal and ethical obligations with respect to reporting or referrals, for example, if you determine a Player is a threat to himself or others. You also may provide contact information for the NFL Lifeline program to a Player.

## OVERVIEW OF BENEFITS

The following descriptions are focused on your work as a Plan neutral physician, and omit the non-medical aspects of these benefits.

Players sign a HIPAA authorization when they complete their disability benefit applications allowing the Plan to share the Player's medical records for disability benefit purposes. However, HIPAA does not technically apply to the disability benefits, because such benefits are not paid from a health plan.

### A. Total and Permanent Disability (T&P) Benefits

The standard for T&P benefits is whether (1) the player is **substantially unable to engage in any occupation for remuneration or profit**, and (2) the condition is **permanent**. The educational level and prior training of a Player will not be considered in determining whether the Player is "unable to engage in any occupation or employment for remuneration or profit." A disability is "permanent" if it has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

T&P disability does not require that the impairment(s) be related to NFL participation. In other words, players may be eligible for T&P benefits even if their impairments are unrelated to NFL participation. In some cases, however, causation is relevant to determining the amount of a Player's T&P benefit. Therefore, you may be asked by the NFL Player Benefits Office whether a particular Player's totally and permanently disabling condition arises out of NFL football activities. You also may be asked by the NFL Player Benefits Office if a particular Player's totally and permanently disabling condition is caused by a substance abuse disorder or a psychiatric condition. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, it is not expected that the Plan neutral physicians will confer with each other.

### B. Line-of-Duty Disability (LOD) Benefits

For a Player to receive LOD benefits, he must have a **substantial disablement arising out of League football activities**. With respect to psychiatry, a substantial disablement is a **permanent** disability that is **the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system**. In other words, in connection with an application for LOD benefits involving psychiatric allegations, the NFL Player Benefits Office will ask you three things: (1) whether the Player's impairment constitutes a major functional impairment or a surgical removal of a vital bodily organ or part of the central nervous system; (2) whether that impairment arises out of League football activities (which excludes activities in high school, college, and other football leagues), and (3) whether that impairment is permanent, meaning it has persisted or is expected to persist at least 12 months from the date of its occurrence, excluding any possible recovery period. In cases where the Player is examined by

multiple Plan neutral physicians in different medical specialties for the benefit, it is not expected that the Plan neutral physicians will confer with each other.

## **SCHEDULING AND EXAMINATION PROCESS**

After a Player applies for a benefit, you will be contacted by a Benefits Coordinator requesting an appointment date. Once you provide the Benefits Coordinator with potential appointment date(s), the Benefits Coordinator will notify the Player of the date, time, and place of the examination they have confirmed with you. The case manager will then send you medical records the Player has submitted with his application, along with a copy of the appointment letter and the appropriate disability report form(s) (T&P or LOD) via encrypted email. You must certify in writing that you have reviewed all the application(s) and medical records provided to you for each Player examined

In most cases, the NFL Player Plans must issue a written decision on a Player's application within certain time frames, which in turn means that Players will need to be seen as soon as is reasonably possible. There are times when Players are scheduled and then must be moved to a different date or cancelled. The Benefits Coordinator will inform you of all changes in scheduling as soon as they become aware of them. Players may arrive late for their examination. You must determine if their late arrival precludes completing the examination and, if so, contact the Benefits Coordinator immediately. In a small number of cases, Players will not show for their examination. In such cases, you should notify the Benefits Coordinator immediately and submit a bill for a no-show fee.

## EXAMINATION STANDARDS

The following examination standards apply across all of the NFL Player Plans previously described.

- Discuss only the conditions/issues that the Player has identified in his application for benefits.
- Your assessment should be a “snapshot” of the Player’s condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. A Player with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable neurological disorder and that he may benefit from a consultation with a neurologist.
- For each psychiatric diagnosis discussed, address how and to what extent the mental impairment limits the patient’s functionality.
- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on the MMPI-2-RF results and validity measures when available.
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.

- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.
- Review all medical records provided to you by the NFL Player Benefits Office. Players should not bring medical records with them to the examination. All medical records should come from the NFL Player Benefits Office.
- Players are expected to fully participate in and cooperate with examinations.
- Outside of the examination(s), Players (and their family members or representatives) should not attempt to contact you or your staff. Players may obtain copies of your reports directly from the NFL Player Benefits Office.
- Players also are not permitted to record examinations under any circumstances.

## WRITTEN REPORTS

Each of the benefits has a different report form that must be completed following your examination. The report form for each benefit is tailored to the standards of that benefit. **You should review and be familiar with all report forms prior to completing an examination.**

In some cases, Players will apply for one or more benefits at the same time and you will be required to complete multiple forms. For instance, if Players apply for T&P and LOD benefits simultaneously, you will be required to address the criteria for both benefits in your report and fill out the respective forms for both benefits.

In addition to the physician report forms provided to you by the NFL Player Benefits office, you are expected to provide a narrative report to be included as part of the psychiatry narrative report template. The following rules apply generally to such narrative reports:

- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on treating physician, neuropsychologist, or vocational expert reports in the record, to the extent you disagree with the views in such reports in any material way.
- Provide a clear and definitive conclusion regarding the benefits at issue, following the standards described above.
- Remember your audience. The NFL Player Plans' decision-makers are not medical professionals. The same is true for the Players, attorneys, and judges who may have occasion to review your reports. Therefore, your reports should not only be accurate and complete, but they should also be understandable from a layperson's perspective.
- You should state in your report how many pages of records were included for review.

For your use, the psychiatry narrative report template is at Exhibit 1.

For all forms and templates, please take care to complete each item and include all appropriate comments. You should not skip any section.

### A. T&P Report Form (Exhibit 2)

The T&P report form requires you to provide information regarding the date of your examination, whether you or any of your colleagues in your practice have ever treated the Player, and other basic facts. You will be asked to describe the Player's impairments in your medical specialty, and state whether each such impairment **"has persisted or is expected to persist for at least 12 months from the date of its occurrence,"** excluding any possible recovery period. You will also

be asked to state whether the Player is **substantially unable to engage in any occupation for remuneration or profit** and, if so, what conditions prevent the Player from working. If you find the Player is able to work, you will be asked to identify what type of activity he can perform and any limitations on his activity. Please do not state a specific job title; i.e., the Player can be a teacher, car salesman, coach, etc. Finally, you will have the option to provide additional remarks as indicated by your examination.

You should accompany the T&P report form with the psychiatry narrative report template (Exhibit 1).

**B. LOD Report Form (Exhibit 3)**

The LOD report form is similar but different from the T&P report form. When completing the LOD report form you will be asked the same questions regarding your examination date, any history of treating the Player, and the nature of the impairment (LOD report form page 1). You will be asked to state whether the Player has a major functional impairment arising out of League football activities based on his psychiatric condition.

You should accompany the LOD report form with the psychiatry narrative report template (Exhibit 1).



## **PRACTICAL CONSIDERATIONS**

1. Familiarize yourself with the benefit at issue, and the benefit criteria, in advance of each exam, so you are sure to address these criteria in your interview and report.
2. In some cases, psychiatrists who are not part of the neutral panel will have performed examinations. These reports vary in style and content, but may have valuable information that may assist you in your examination of the Player. When you have access to a prior report, you should discuss prior findings in your report and opine on whether the findings are consistent with your findings.
3. Focus your impression and conclusions on the criteria for the specific benefit at issue. For instance, if the Player is applying for LOD benefits, whether the Player can work is not relevant. Simply saying a Player can work does not address whether he has a “major functional impairment.” LOD criteria require a Player have a major functional impairment caused by participation in the NFL.
4. A consent form is signed by each Player with his application for benefits (at EXHIBIT 4), but you may use your own consent form as long as it does not conflict with the content in the NFL Player Benefits form.
5. In some cases, you will see Players who are appealing an earlier adverse decision regarding their benefits application. If you are seeing a Player on appeal, you may encounter some resentment that they were denied benefits based on an earlier examination. You should reassure the Player that you will perform the examination according to guidelines and will provide an objective opinion based on current history and test data.
6. All players should be given a handout related to resources available from NFLlifeline.org. You may also show them the website. Most Players are unaware of this resource and should be encouraged to contact the program.
7. If in your judgment a Player is at high or imminent risk for self-injury and you refer them for immediate psychiatric intervention or hospitalization, notify the NFL Player Benefits Office immediately. Similarly, if a Player is found to have a medical condition that requires immediate emergency medical intervention and you send him to the emergency room, notify the NFL Player Benefits Office immediately.

## **EXHIBITS**

- Exhibit 1: Psychiatry Report Template
- Exhibit 2: T&P Physician's Report Form
- Exhibit 3: LOD Physician's Report Form
- Exhibit 4: Consent Form

**Exhibit 1**

**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN  
PSYCHIATRY NARRATIVE REPORT TEMPLATE**

**Player's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Neutral Physician:** \_\_\_\_\_

**Date of the Evaluation:** \_\_\_\_\_

**Chief Complaints:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Clinical History:** (Need to obtain a detailed and comprehensive history that will support your conclusion)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING:**

Check writing, paying bills, balancing a checkbook \_\_\_\_\_  
Assembling tax records, business affairs or papers \_\_\_\_\_  
Shopping alone for clothes, household necessities, or groceries \_\_\_\_\_  
Playing a game of skill, working on a hobby \_\_\_\_\_  
Heating water, making a cup of coffee, turning off the stove \_\_\_\_\_  
Preparing a balanced meal \_\_\_\_\_  
Keeping track of current events \_\_\_\_\_  
Paying attention to, understanding, discussing a TV show, book, or magazine \_\_\_\_\_  
Remembering appointments, family, occasions, holidays, medications \_\_\_\_\_  
Traveling out of the neighborhood, driving, arranging to take public transportation \_\_\_\_\_

**FUNCTIONAL ACTIVITIES OF DAILY LIVING:**

Eating \_\_\_\_\_  
Bathing \_\_\_\_\_  
Dressing \_\_\_\_\_  
Toileting \_\_\_\_\_  
Transferring (walking) \_\_\_\_\_  
Continence \_\_\_\_\_

**PAST PSYCHIATRIC HISTORY:**

	YES	NO	Dates/Circumstances:
Did the player ever have a previous episode of Depression, Mania, Anxiety, Psychosis			
Past psychiatric visits/psychotherapy/counseling			
Past psychiatric hospitalizations			
History of ECT/TMS			
History of suicide attempts			
History of aggression/violence			
History of criminal justice contact			
History of ADHD			
History of Learning Disabilities			
History of Abuse			
Other			

**TOBACCO/ETOH/ILLCIT SUBSTANCE/STEROIDS:**

	YES	NO	Comments: Describe the following: age first used, amount, frequency, duration, longest period without using, last used. Adverse consequences of alcohol and or illicit substance use, medical (including DTs and/or alcohol related seizures), social, psychological. Rehabilitation history.
Tobacco			
ETOH			
Marijuana			
Cocaine			
Opiates			
Stimulants			
Hallucinogens			
Ecstasy			
LSD			
PCP			
Abuse of Prescribed Medications			
Steroids			
Other			

**PAST MEDICAL HISTORY:**

	YES	NO	Comments:
Thyroid Disease			
Headache			
Chronic Pain			
Orthopedic Issues			
Arthritis			
Heart Disease			
Hypertension			
Stroke			
Diabetes			
Kidney Disease			
Liver Disease			
Lung Disease			
Cancer			
Other			

**PAST SURGICAL HISTORY:**


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**PAST MEDICATIONS:** (List medications, dose, side effects, length of treatment, response to medication, if discontinuation, why and when)

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**CURRENT MEDICATIONS:** (List of medications, dose, side effects, length of treatment, response to medications).

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**FAMILY HISTORY:**

	YES	NO	Comments:
Dementia			
Psychiatric Disorder			
Other			

**SOCIAL HISTORY:** (Living Arrangements, Marital Status, Employment, Education, and Hobbies)


**MENTAL STATUS EXAMINATION:****Appearance:**

	YES	NO	Comments:
Well Groomed			
Disheveled			
Other			

**Cognition**

	YES	NO	Comments:
Orientation to person, place, and time			
Immediate recall			
Serial 7 subtraction starting at 100			
Delayed recall			

**MOCA:**

	YES	NO	SCORE	Comments: When done please attach the questionnaire to the report form
Performed				

**Interaction:**

	YES	NO	Comments:
Pleasant and cooperative			
Hostile			
Withdrawn			
Eye Contact			
Other			

**Reported Mood:**

	YES	NO	Comments:
Euthymic			
Sad/Depressed			
Anxious/Angry			

Irritable			
Labile			
Other			

**Affect:**

	YES	NO	Comments:
Within normal range			
Irritable/Angry			
Anxious			
Constricted/Blunted/Flat			
Depressed			
Elated/Euphoric			
Expansive			
Other			

**Speech:**

	YES	NO	Comments:
Normal rate/rhythm			
Pressured			
Slowed			
Logorrhea			
Paucity of speech			
Other			

**Thought Content:**

	YES	NO	Comments: Need to comment if the player has active suicidal and or homicidal ideations and if he expresses plan or intent at the time of the visit
Suicidal ideations			
Homicidal ideations			
Delusions			
Paranoid Ideations			
Preoccupations			
Obsessions and compulsions			
Ideas of reference			
Other			

**Thought Process:**

	YES	NO	Comments:
Linear			
Goal directed			
Loose Associations			

Flight of ideas			
Tangential			
Circumstantial			
Disorganized			
Other			

**Perception:**

	YES	NO	Comments:
Visual/Auditory Hallucinations			
Other			

**Motor:**

	YES	NO	Comments:
Psychomotor agitation			
Psychomotor retardation			

**Insight and Judgment:**

	YES	NO	Comments:
Insight Intact			
Judgment Intact			

**FURTHER DETAILED INFORMATION REGARDING SYMPTOMS  
AND DIAGNOSIS AS PER DSM-5 CRITERIA**

**CURRENT MAJOR DEPRESSIVE EPISODE (MDD):**

**A:** Five (or more) of the following symptoms have been present over the past two weeks and represent a change from a previous functioning: at least one of the symptoms is either depressed mood or loss of interest or pleasure on a nearly daily basis:

	YES	NO	Comments: when relevant give a bullet description to include; onset, duration, severity of symptoms or refer to the HPI if you have already done so
Depressed mood most of the day, nearly every day			
Markedly decreased interest or pleasure in all, or almost all, activities most of the day, nearly every day			



Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day			
Insomnia or Hypersomnia nearly every day			
Psychomotor agitation or retardation nearly every day			
Fatigue or loss of energy nearly every day			
Feeling of worthlessness or excessive and inappropriate guilt nearly every day			
Diminished ability to think or concentrate, or indecisiveness nearly every day			
Recurrent thoughts of death , recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide			

**B:**

	YES	NO	Comments:
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning			

**C:**

	True	False	Uncertain	Comments:
The episodes are not attributable to the physiological effects or to another medical condition.				

**Note: Criteria A-C** represent a major depressive disorder

If there is currently depressed mood or loss of interest but full criteria are not met for a major depressive episode, document if there has been a past depressive episode and include timing, length and other criteria.

**MMPI-2-RF:** (Please document neuropsychologist's results when available and comment as needed)

	YES	NO	Comments:
Validity scales available			

**IMPRESSION AND DISCUSSION:**

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**GENERAL INSTRUCTIONS:**

- Discuss only the conditions/issues that the Player has identified in his application for benefits.
- Your assessment should be a "snapshot" of the Player's condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. A Player with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable neurological disorder and that he may benefit from a consultation with a neurologist.

- For each psychiatric diagnosis discussed, address how and to what extent the mental impairment limits the patient's functionality.
- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on the MMPI-2-RF results and validity measures when available.
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.

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Signature of Psychiatrist

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Date

**NFL PLAYER BENEFITS****DISABILITY PLAN****Exhibit 2****PHYSICIAN REPORT FORM****TOTAL & PERMANENT DISABILITY BENEFITS**

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

**Player's name: DOB: Phone:**

**Player's address:**

**Player's Credited Seasons:**

**Claimed impairments:**

1. Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? \_\_\_\_\_
2. Did you evaluate the Player? ☐ YES | ☐ NO If so, when? \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☐ NO

☐ Unable to Determine

**If you checked YES:**

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

**If you checked NO:**

- Describe the type of employment in which the Player can engage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any additional remarks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

**I certify that:**

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202

Phone 800.638.3186

Fax 410.783.0041

### Exhibit 3

## PHYSICIAN REPORT FORM - NON-ORTHOPEDICS

### LINE-OF-DUTY DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: DOB: Phone:

Player's address:

Player's Credited Seasons:

Claimed impairments:

- Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? \_\_\_\_\_
- Did you evaluate the Player? ☐ YES | ☐ NO If so, when? \_\_\_\_\_
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
- For impairments related to the **LOSS OF HEARING, SPEECH, OR SIGHT**, please rate the impairment(s) as follows:

	Loss	Cause	Comments
Loss of Hearing	<input type="checkbox"/> 0-29%	<input type="checkbox"/> Illness	
	<input type="checkbox"/> 30-54%	<input type="checkbox"/> NFL football	
	<input type="checkbox"/> 55-79%	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> 80% or greater	<input type="checkbox"/> Unknown	
	Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

	Loss	Cause	Comments
Loss of Speech	<input type="checkbox"/> 0-29% <input type="checkbox"/> 30-49% <input type="checkbox"/> 50-69% <input type="checkbox"/> 70% or greater	<input type="checkbox"/> Illness <input type="checkbox"/> NFL football <input type="checkbox"/> Other – _____ <input type="checkbox"/> Unknown	
	Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

	Loss	Cause	Comments
Loss of Sight	<input type="checkbox"/> 0-29% <input type="checkbox"/> 30-49% <input type="checkbox"/> 50-69% <input type="checkbox"/> 70% or greater	<input type="checkbox"/> Illness <input type="checkbox"/> NFL football <input type="checkbox"/> Other – _____ <input type="checkbox"/> Unknown	
	Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ** or **part of the central nervous system**? ☐ YES | ☐ NO

**If you checked YES:**

- Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

6. Do you have any additional remarks? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Please provide the required narrative report with this form.

**I certify that:**

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Complete and sign the application and consent form

LINE-OF-DUTY  
DISABILITY BENEFITS  
APPLICATION

SEND THIS PAGE

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

## NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR LINE-OF-DUTY DISABILITY BENEFITS APPLICATION

### In submitting my application for LOD benefits, I understand that:

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
  - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
  - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for LOD benefits.

## Signature and authorization

☐ I have read and understood the information in this Consent Form.

Player's name (print)	Player's signature	Date completed

# Complete and sign the application and consent form

## TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

### NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION

**In submitting my application for T&P benefits, I understand that:**

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
  - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
  - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for T&P benefits.

## Signature and authorization

☐ I have read and understood the information in this Consent Form.

Player's name (print)	Player's signature	Date completed



**NFL PLAYER DISABILITY &  
NEUROCOGNITIVE BENEFIT PLAN**

**BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN**

**PSYCHIATRY  
NEUTRAL PHYSICIAN PANEL**

**ORIENTATION MANUAL**

**April 1, 2023**

**CS-00280**

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## **PREFACE**

Welcome to the neutral psychiatrist panel of the NFL Player Disability & Neurocognitive Benefit Plan and Bert Bell/Pete Rozelle NFL Player Retirement Plan (“NFL Player Plans”). There are a number of other panel members situated in various geographic locations across the United States. Your fellow panel members are experienced clinicians who, like you, have been selected to perform neutral examinations of former NFL players who are applying for benefits.

This manual is designed to provide a general orientation on topics that will assist you in understanding the current benefit programs, performing assessments, and completing the appropriate reports needed for the Plans to make decisions regarding a Player’s benefits application. The NFL Player Plans have specific assessment and reporting requirements, which you will find straight forward. If you have any questions, you may contact any of the following for guidance:

- Silvana Riggio, consulting psychiatrist, at [silvana.riggio@mountsinai.org](mailto:silvana.riggio@mountsinai.org)
- Steve Epstein, consulting psychiatrist, at [epsteins@gunet.georgetown.edu](mailto:epsteins@gunet.georgetown.edu)
- Sam Vincent, NFL Player Benefits Office, at [svincent@nflpb.org](mailto:svincent@nflpb.org)
- Lashay Rose, NFL Player Benefits Office, at [lrose@nflpb.org](mailto:lrose@nflpb.org)

## NEUTRALITY

The NFL Player Plans strive to ensure that every Player who is referred for evaluation is fully and fairly evaluated by one or more neutral physicians. To that end, the NFL Player Plans expect that each panel member will:

- personally evaluate Players and conduct appropriate testing following the standards described in this manual.
- personally review and evaluate all records provided.
- personally complete necessary report forms and comprehensive narrative reports for each Player evaluated in a timely manner, and no later than 10 days after the examination.
- conduct each test and examination and prepare the written report to the highest professional standards without any bias or favoritism for or against any Player.
- apply the standard applicable to the specific benefit for which the player has applied, even where that standard is different from other standards you may use in other areas of your practice.
- verify, prior to submitting reports, that test results and other data are reported thoroughly and accurately.
- refrain from participating in any other NFL or NFLPA program, such as the NFL concussion litigation.
- refrain from publicly discussing the Plans and the evaluation programs.
- have no conflict of interest that would impact their evaluations.
- be judicious in public and professional forums with regard to comments, interviews, and talks that could create the appearance of bias about psychiatric conditions, concussions, neurocognitive impairment, athletes, etc. This is in no way intended to inhibit involvement in scientific, academic, and training activities, but to prevent unwarranted suggestions of bias.

You should not examine a Player on behalf of the NFL Player Plans if you are his current treating physician, or if you have evaluated or treated him in the past. The evaluations are “independent medical examinations,” or IMEs. There is no doctor/patient relationship. You should not provide treatment, or recommend treatment, medication, or advice about vocational matters or rehabilitation. You should, however, comply with your legal and ethical obligations with respect to reporting or referrals, for example, if you determine a Player is a threat to himself or others. You also may provide contact information for the NFL Lifeline program to a Player.



## OVERVIEW OF BENEFITS

The following descriptions are focused on your work as a Plan neutral physician, and omit the non-medical aspects of these benefits.

Players sign a HIPAA authorization when they complete their disability benefit applications allowing the Plan to share the Player's medical records for disability benefit purposes. However, HIPAA does not technically apply to the disability benefits, because such benefits are not paid from a health plan.

### A. Total and Permanent Disability (T&P) Benefits

The standard for T&P benefits is whether (1) the player is **substantially unable to engage in any occupation for remuneration or profit**, and (2) the condition is **permanent**. The educational level and prior training of a Player will not be considered in determining whether the Player is "unable to engage in any occupation or employment for remuneration or profit." A disability is "permanent" if it has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

T&P disability does not require that the impairment(s) be related to NFL participation. In other words, players may be eligible for T&P benefits even if their impairments are unrelated to NFL participation. In some cases, however, causation is relevant to determining the amount of a Player's T&P benefit. Therefore, you may be asked by the NFL Player Benefits Office whether a particular Player's totally and permanently disabling condition arises out of NFL football activities. You also may be asked by the NFL Player Benefits Office if a particular Player's totally and permanently disabling condition is caused by a substance abuse disorder or a psychiatric condition. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, it is not expected that the Plan neutral physicians will confer with each other.

### B. Line-of-Duty Disability (LOD) Benefits

For a Player to receive LOD benefits, he must have a **substantial disablement arising out of League football activities**. With respect to psychiatry, a substantial disablement is a **permanent** disability that is **the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system**. In other words, in connection with an application for LOD benefits involving psychiatric allegations, the NFL Player Benefits Office will ask you three things: (1) whether the Player's impairment constitutes a major functional impairment or a surgical removal of a vital bodily organ or part of the central nervous system; (2) whether that impairment arises out of League football activities (which excludes activities in high school, college, and other football leagues), and (3) whether that impairment is permanent, meaning it has persisted or is expected to persist at least 12 months from the date of its occurrence, excluding any possible recovery period. In cases where the Player is examined by

multiple Plan neutral physicians in different medical specialties for the benefit, it is not expected that the Plan neutral physicians will confer with each other.



## **SCHEDULING AND EXAMINATION PROCESS**

After a Player applies for a benefit, you will be contacted by a Benefits Coordinator requesting an appointment date. Once you provide the Benefits Coordinator with potential appointment date(s), the Benefits Coordinator will notify the Player of the date, time, and place of the examination they have confirmed with you. The case manager will then send you medical records the Player has submitted with his application, along with a copy of the appointment letter and the appropriate disability report form(s) (T&P or LOD) via encrypted email. You must certify in writing that you have reviewed all the application(s) and medical records provided to you for each Player examined

In most cases, the NFL Player Plans must issue a written decision on a Player's application within certain time frames, which in turn means that Players will need to be seen as soon as is reasonably possible. There are times when Players are scheduled and then must be moved to a different date or cancelled. The Benefits Coordinator will inform you of all changes in scheduling as soon as they become aware of them. Players may arrive late for their examination. You must determine if their late arrival precludes completing the examination and, if so, contact the Benefits Coordinator immediately. In a small number of cases, Players will not show for their examination. In such cases, you should notify the Benefits Coordinator immediately and submit a bill for a no-show fee.

## EXAMINATION STANDARDS

The following examination standards apply across all of the NFL Player Plans previously described.

- Discuss only the conditions/issues that the Player has identified in his application for benefits.
- Your assessment should be a “snapshot” of the Player’s condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. A Player with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable neurological disorder and that he may benefit from a consultation with a neurologist.
- For each psychiatric diagnosis discussed, address how and to what extent the mental impairment limits the patient’s functionality.
- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on the MMPI-2-RF results and validity measures when available.
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.

- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.
- Review all medical records provided to you by the NFL Player Benefits Office. Players should not bring medical records with them to the examination. All medical records should come from the NFL Player Benefits Office.
- Players are expected to fully participate in and cooperate with examinations.
- Outside of the examination(s), Players (and their family members or representatives) should not attempt to contact you or your staff. Players may obtain copies of your reports directly from the NFL Player Benefits Office.
- Players also are not permitted to record examinations under any circumstances.

## WRITTEN REPORTS

Each of the benefits has a different report form that must be completed following your examination. The report form for each benefit is tailored to the standards of that benefit. **You should review and be familiar with all report forms prior to completing an examination.**

In some cases, Players will apply for one or more benefits at the same time and you will be required to complete multiple forms. For instance, if Players apply for T&P and LOD benefits simultaneously, you will be required to address the criteria for both benefits in your report and fill out the respective forms for both benefits.

In addition to the physician report forms provided to you by the NFL Player Benefits office, you are expected to provide a narrative report to be included as part of the psychiatry narrative report template. The following rules apply generally to such narrative reports:

- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on treating physician, neuropsychologist, or vocational expert reports in the record, to the extent you disagree with the views in such reports in any material way.
- Provide a clear and definitive conclusion regarding the benefits at issue, following the standards described above.
- Remember your audience. The NFL Player Plans' decision-makers are not medical professionals. The same is true for the Players, attorneys, and judges who may have occasion to review your reports. Therefore, your reports should not only be accurate and complete, but they should also be understandable from a layperson's perspective.
- You should state in your report how many pages of records were included for review.

For your use, the psychiatry narrative report template is at Exhibit 1.

For all forms and templates, please take care to complete each item and include all appropriate comments. You should not skip any section.

### A. T&P Report Form (Exhibit 2)

The T&P report form requires you to provide information regarding the date of your examination, whether you or any of your colleagues in your practice have ever treated the Player, and other basic facts. You will be asked to describe the Player's impairments in your medical specialty, and state whether each such impairment **"has persisted or is expected to persist for at least 12 months from the date of its occurrence,"** excluding any possible recovery period. You will also

be asked to state whether the Player is **substantially unable to engage in any occupation for remuneration or profit** and, if so, what conditions prevent the Player from working. If you find the Player is able to work, you will be asked to identify what type of activity he can perform and any limitations on his activity. Please do not state a specific job title; i.e., the Player can be a teacher, car salesman, coach, etc. Finally, you will have the option to provide additional remarks as indicated by your examination.

You should accompany the T&P report form with the psychiatry narrative report template (Exhibit 1).

**B. LOD Report Form (Exhibit 3)**

The LOD report form is similar but different from the T&P report form. When completing the LOD report form you will be asked the same questions regarding your examination date, any history of treating the Player, and the nature of the impairment (LOD report form page 1). You will be asked to state whether the Player has a major functional impairment arising out of League football activities based on his psychiatric condition.

You should accompany the LOD report form with the psychiatry narrative report template (Exhibit 1).

## **PRACTICAL CONSIDERATIONS**

1. Familiarize yourself with the benefit at issue, and the benefit criteria, in advance of each exam, so you are sure to address these criteria in your interview and report.
2. In some cases, psychiatrists who are not part of the neutral panel will have performed examinations. These reports vary in style and content, but may have valuable information that may assist you in your examination of the Player. When you have access to a prior report, you should discuss prior findings in your report and opine on whether the findings are consistent with your findings.
3. Focus your impression and conclusions on the criteria for the specific benefit at issue. For instance, if the Player is applying for LOD benefits, whether the Player can work is not relevant. Simply saying a Player can work does not address whether he has a “major functional impairment.” LOD criteria require a Player have a major functional impairment caused by participation in the NFL.
4. A consent form is signed by each Player with his application for benefits (at EXHIBIT 4), but you may use your own consent form as long as it does not conflict with the content in the NFL Player Benefits form.
5. In some cases, you will see Players who are appealing an earlier adverse decision regarding their benefits application. If you are seeing a Player on appeal, you may encounter some resentment that they were denied benefits based on an earlier examination. You should reassure the Player that you will perform the examination according to guidelines and will provide an objective opinion based on current history and test data.
6. All players should be given a handout related to resources available from NFLlifeline.org. You may also show them the website. Most Players are unaware of this resource and should be encouraged to contact the program.
7. If in your judgment a Player is at high or imminent risk for self-injury and you refer them for immediate psychiatric intervention or hospitalization, notify the NFL Player Benefits Office immediately. Similarly, if a Player is found to have a medical condition that requires immediate emergency medical intervention and you send him to the emergency room, notify the NFL Player Benefits Office immediately.

## **EXHIBITS**

- Exhibit 1: Psychiatry Report Template
- Exhibit 2: T&P Physician's Report Form
- Exhibit 3: LOD Physician's Report Form
- Exhibit 4: Consent Form

**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN  
PSYCHIATRY NARRATIVE REPORT TEMPLATE**

**Player's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Neutral Physician:** \_\_\_\_\_

**Date of the Evaluation:** \_\_\_\_\_

**Chief Complaints:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Clinical History:** (Need to obtain a detailed and comprehensive history that will support your conclusion)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING: [if they report problems in any area, please include an explanation]**

Check writing, paying bills, balancing a checkbook \_\_\_\_\_  
Assembling tax records, business affairs or papers \_\_\_\_\_  
Shopping alone for clothes, household necessities, or groceries \_\_\_\_\_  
Playing a game of skill, working on a hobby \_\_\_\_\_  
Heating water, making a cup of coffee, turning off the stove \_\_\_\_\_  
Preparing a balanced meal \_\_\_\_\_  
Keeping track of current events \_\_\_\_\_  
Paying attention to, understanding, discussing a TV show, book, or magazine \_\_\_\_\_  
Remembering appointments, family, occasions, holidays, medications \_\_\_\_\_  
Traveling out of the neighborhood, driving, arranging to take public transportation \_\_\_\_\_



**FUNCTIONAL ACTIVITIES OF DAILY LIVING: [if they report problems in any area, please include an explanation]**

Eating \_\_\_\_\_

Bathing \_\_\_\_\_

Dressing \_\_\_\_\_

Toileting \_\_\_\_\_

Transferring (walking) \_\_\_\_\_

Continence \_\_\_\_\_

**PAST PSYCHIATRIC HISTORY:**

	YES	NO	Dates/Circumstances:
Did the player ever have a previous episode of Depression, Mania, Anxiety, Psychosis			
Past psychiatric visits/psychotherapy/counseling			
Past psychiatric hospitalizations			
History of ECT/TMS			
History of suicide attempts			
History of aggression/violence			
History of criminal justice contact			
History of ADHD			
History of Learning Disabilities			
History of Abuse			
Other			

**TOBACCO/ETOH/ILLCIT SUBSTANCE/STEROIDS:**

	YES	NO	Comments: Describe the following: age first used, amount, frequency, duration, longest period without using, last used. Adverse consequences of alcohol and or illicit substance use, medical (including DTs and/or alcohol related seizures), social, psychological. Rehabilitation history.
Tobacco			
ETOH			
Marijuana			
Cocaine			
Opiates			
Stimulants			

Hallucinogens			
Ecstasy			
LSD			
PCP			
Abuse of Prescribed Medications			
Steroids			
Other			

**PAST MEDICAL HISTORY:**

	YES	NO	Comments:
Thyroid Disease			
Headache			
Chronic Pain			
Orthopedic Issues			
Arthritis			
Heart Disease			
Hypertension			
Stroke			
Diabetes			
Kidney Disease			
Liver Disease			
Lung Disease			
Cancer			
Other			

**PAST SURGICAL HISTORY:**


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**PAST MEDICATIONS:** (List medications, dose, side effects, length of treatment, response to medication, if discontinuation, why and when)

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**CURRENT MEDICATIONS:** (List of medications, dose, side effects, length of treatment, response to medications).

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**FAMILY HISTORY:**

	YES	NO	Comments:
Dementia			
Psychiatric Disorder			
Other			

**EMPLOYMENT HISTORY:****OTHER SOCIAL HISTORY:** (Living Arrangements, Marital Status, Education, and Hobbies)

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**MENTAL STATUS EXAMINATION:****Appearance:**

	YES	NO	Comments:
Well Groomed			
Disheveled			
Other			

**Cognition**

	YES	NO	Comments:
Orientation to person, place, and time			
Immediate recall			
Serial 7 subtraction starting at 100			
Delayed recall			

**MOCA:**

	YES	NO	SCORE	Comments: When done please attach the questionnaire to the report form
Performed				

**Interaction:**

	YES	NO	Comments:
Pleasant and cooperative			

Hostile			
Withdrawn			
Eye Contact			
Other			

**Reported Mood:**

	YES	NO	Comments:
Euthymic			
Sad/Depressed			
Anxious/Angry			
Irritable			
Labile			
Other			

**Affect:**

	YES	NO	Comments:
Within normal range			
Irritable/Angry			
Anxious			
Constricted/Blunted/Flat			
Depressed			
Elated/Euphoric			
Expansive			
Other			

**Speech:**

	YES	NO	Comments:
Normal rate/rhythm			
Pressured			
Slowed			
Logorrhea			
Paucity of speech			
Other			

**Thought Content:**

	YES	NO	Comments: Need to comment if the player has active suicidal and or homicidal ideations and if he expresses plan or intent at the time of the visit
Suicidal ideations			
Homicidal ideations			
Delusions			
Paranoid Ideations			
Preoccupations			

Obsessions and compulsions			
Ideas of reference			
Other			

**Thought Process:**

	YES	NO	Comments:
Linear			
Goal directed			
Loose Associations			
Flight of ideas			
Tangential			
Circumstantial			
Disorganized			
Other			

**Perception:**

	YES	NO	Comments:
Visual/Auditory Hallucinations			
Other			

**Motor:**

	YES	NO	Comments:
Psychomotor agitation			
Psychomotor retardation			

**Insight and Judgment:**

	YES	NO	Comments:
Insight Intact			
Judgment Intact			

## FURTHER DETAILED INFORMATION REGARDING SYMPTOMS AND DIAGNOSIS AS PER DSM-5 CRITERIA

**CURRENT MAJOR DEPRESSIVE EPISODE (MDD):**

**A:** Five (or more) of the following symptoms have been present over the past two weeks and represent a change from a previous functioning: at least one of the symptoms is either depressed mood or loss of interest or pleasure on a nearly daily basis:

Please ask the player these questions as we are using the PHQ-9 as an interview guide:

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Add columns: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

TOTAL: \_\_\_\_\_

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all    ☐ Somewhat difficult    ☐ Very difficult    ☐ Extremely difficult

**B:**

	True	False	Uncertain	Comments:
The episodes are not attributable to the physiological effects of a substance or to another medical condition.				

**NEUROPSYCHOLOGIST VALIDITY ASSESSMENTS**

	Valid	Invalid	If invalid, please provide a brief summary here:
Performance Validity			
Symptom Validity			

**IMPRESSION AND DISCUSSION:**


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**GENERAL INSTRUCTIONS:**

- Discuss only the conditions/issues that the Player has identified in his application for benefits.
- Your assessment should be a “snapshot” of the Player’s condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. A Player with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable neurological disorder and that he may benefit from a consultation with a neurologist.
- For each psychiatric diagnosis discussed, address how and to what extent the mental impairment limits the patient’s functionality.

- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on the MMPI-2-RF results and validity measures when available.
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.

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Signature of Psychiatrist

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Date



**NFL PLAYER BENEFITS****DISABILITY PLAN****Exhibit 2****PHYSICIAN REPORT FORM****TOTAL & PERMANENT DISABILITY BENEFITS**

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

**Player's name: DOB: Phone:**

**Player's address:**

**Player's Credited Seasons:**

**Claimed impairments:**

1. Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? \_\_\_\_\_
2. Did you evaluate the Player? ☐ YES | ☐ NO If so, when? \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☐ NO

☐ Unable to Determine

**If you checked YES:**

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

**If you checked NO:**

- Describe the type of employment in which the Player can engage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any additional remarks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

**I certify that:**

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202

Phone 800.638.3186

Fax 410.783.0041

### Exhibit 3

## PHYSICIAN REPORT FORM - NON-ORTHOPEDICS

### LINE-OF-DUTY DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

**Player's name:**    **DOB:**    **Phone:**

**Player's address:**

**Player's Credited Seasons:**

**Claimed impairments:**

1. Did you receive records for this Player? ☐ YES | ☐ NO    If so, how many pages? \_\_\_\_\_
2. Did you evaluate the Player? ☐ YES | ☐ NO    If so, when? \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. For impairments related to the **LOSS OF HEARING, SPEECH, OR SIGHT**, please rate the impairment(s) as follows:

	Loss	Cause	Comments
Loss of Hearing	<input type="checkbox"/> 0-29%	<input type="checkbox"/> Illness	
	<input type="checkbox"/> 30-54%	<input type="checkbox"/> NFL football	
	<input type="checkbox"/> 55-79%	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> 80% or greater	<input type="checkbox"/> Unknown	
	Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

	Loss	Cause	Comments
Loss of Speech	<input type="checkbox"/> 0-29%	<input type="checkbox"/> Illness	
	<input type="checkbox"/> 30-49%	<input type="checkbox"/> NFL football	
	<input type="checkbox"/> 50-69%	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> 70% or greater	<input type="checkbox"/> Unknown	
	Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

	Loss	Cause	Comments
Loss of Sight	<input type="checkbox"/> 0-29%	<input type="checkbox"/> Illness	
	<input type="checkbox"/> 30-49%	<input type="checkbox"/> NFL football	
	<input type="checkbox"/> 50-69%	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> 70% or greater	<input type="checkbox"/> Unknown	
	Has the impairment persisted or is it expected to <b>persist for at least 12 months</b> from the date of its occurrence, and excluding any reasonable recovery period?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ** or **part of the central nervous system**? ☐ YES | ☐ NO

**If you checked YES:**

- Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

6. Do you have any additional remarks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

**I certify that:**

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Complete and sign the application and consent form

LINE-OF-DUTY  
DISABILITY BENEFITS  
APPLICATION

SEND THIS PAGE

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

## NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR LINE-OF-DUTY DISABILITY BENEFITS APPLICATION

### In submitting my application for LOD benefits, I understand that:

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
  - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
  - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for LOD benefits.

## Signature and authorization

☐ I have read and understood the information in this Consent Form.

Player's name (print)	Player's signature	Date completed



# Complete and sign the application and consent form

## TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

### NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION

**In submitting my application for T&P benefits, I understand that:**

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
  - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
  - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for T&P benefits.

## Signature and authorization

☐ I have read and understood the information in this Consent Form.

Player's name (print)	Player's signature	Date completed